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## THE BELFRY MURDER CASE; THE CONFIRMATION.<sup>1</sup>

BY B. E. COTTING, M. D.

At a meeting of this society in February last, I gave an account of the case of Mabel H. Young, the little girl murdered in a church tower, and stated, from a careful study of the injuries before and after her death, the conclusions arrived at as to the cause and manner of these injuries, the number of blows given, and the instrument used by her assailant.

The statement then ventured was as follows: "That after her arrival by the closed stairway into the empty room under the belfry, the little victim was seized by the upper arm near the elbow, and the first and severest blow inflicted on the top of the hat and head with the edge of the bat; . . . that on the receipt of the blow the child fell, or, limp and flaccid, was still held up by her arm; that in such a position the other blows were given; . . . that the swellings and fractures indicated that the blows came from the right side. The last blow, while the child was near the floor, missing the head, hit the nose, and was immediately followed by nose-bleed. If, now, the child was left on the floor while the murderer ran up the ladder to open the trap-door to the belfry, as is quite a natural supposition, there would be time enough for the blood found upon the floor to have flowed from the nose, the bleeding in such injuries being usually instantaneous and very soon over. Taken thence to the belfry as hurriedly as possible, stunned and senseless, the child was left for dead."<sup>2</sup>

The above "theory" and the reasonings which led to it have received remarkable confirmation. The deed was done by the instrument designated, and in the manner and place described. The very details have been surprisingly verified.

When the condemned man found that there could no longer be any hope of mitigation of sentence, he made several confessions — to his counsel and to others who were allowed to visit him. These confessions were repeated to newspaper reporters and published.

From accounts thus published, omitting portions irrelevant or imma-

<sup>1</sup> Reported to the Roxbury Society for Medical Improvement, May 25, 1876.

<sup>2</sup> Boston Medical and Surgical Journal, April 13, 1876.

terial, the following extracts of professional interest are taken, namely : "that having unlocked the tower door in the upper vestibule, he asked the child to go up-stairs with him, by the closed stairway, to the floor below the bell deck ; that when they reached the top of the stairs the child was walking towards the foot of the ladder leading to the bell deck, with her foot [face ?] towards him, when he seized the bat and struck her upon the head ; that this blow felled her to the floor ; that he took her by her left [right ?] shoulder with his left hand, and raised her from the floor, and with the bat in his right hand he struck her a second blow ; that when he struck her the second blow he heard the bones crack in her head ; that he laid her down, as near as he could recollect, where the spot of blood was found in the room below the bell deck ; that she did not scream, and he supposed that she was dead ; that he then went immediately down the stairs by which they had ascended to the tower ; and that, on peeping through the door and fearing that he was seen, he went back, took the child, carried her up the ladder, opened the trap-door, and laid her over upon the coping of the bell deck ; that then he returned down the ladder, went down the stairs, and locked the tower-door behind him."

In another account he is reported to have said that "he invited her to go with him into [the room below] the belfry. There he struck her with the club two or three times, and she fell where the blood was found. Then he picked her up and carried the body to the place where it was discovered" (*i. e.*, in the belfry itself).

Thus it appears that nearly all the particulars of the theory are borne out by the facts as given by the prisoner himself. Indeed, the theory does not differ more from the several versions of these confessions than they do from each other. The victim was enticed up, as supposed. She was struck, as supposed, several times. The post-mortem proof that there was a second blow, namely, that the skull at the place described was "broken squarely through both tables," was singularly confirmed, and itself confirms the confession that "on the second blow he heard the bones crack." This "crack" was rendered possible by the abruptness of the fracture, as well as by a grating, or crepitus, with parts previously broken.

Felled by the first blow, she was held up nearly as supposed, but not by the "left shoulder"<sup>1</sup> or *left* upper arm, for, as the head would naturally droop to the side opposite the point of support, the bruises in the scalp and the fractures in the skull would then have been on the

<sup>1</sup> This was evidently an unintentional error of the narrator, or misapprehension or mis-hearing of the reporter ; as was the word *foot*, for *face*, in a previous sentence, since *foot* could not have any intelligible meaning, whereas the bruise in the scalp and the fracture in the skull from this first blow showed unmistakably that the victim's *face* was turned toward the assailant ; and that of *belfry*, several times, when the room under the belfry was unquestionably intended.

left side, whereas they were in fact unmistakably on the right side of the head, as any one may be convinced by a simple inspection of the skull as preserved.

"He laid her down," as claimed, "where the spot of blood was found in the room below the bell deck." "He supposed she was dead." "He then went down-stairs to the tower door, peeped through for a moment, feared that he was seen, and withdrew; then went back, and carried the child up the ladder" to the belfry — all this requiring, as the supposed course would, "time enough for the blood found on the floor to have flowed from the nose."

The injury to the nose, which is not alluded to in the confessions, could not have arisen from a mere fall upon the floor, as it was not an expanded bruise of the parts, but quite limited, and must have been done by the bat, for it corresponded in shape to the edge of such an instrument. The indentation was sharply defined, angular, and deep; the skin was crushed down and the cartilages were contused and nearly torn from the nasal bones. That the skin itself was not bruised through, and an open wound made at that point, is not surprising, considering the location, the supporting elasticity of the cartilages, and the material of the weapon. The right cheek also, with its underlying malar bone, in part arrested the blow, which there came from the right, as the swelling on that side clearly indicated. Moreover, the floor, though of unplanned boards, was level and even; and there was not any projection of it, or thing upon it, near where the child was, capable of producing such an indentation or bruise into the nose, even if the child had fallen directly upon the nose or face. Besides, a fall with the whole weight of the head and body could not have produced such an injury, even if the fall had been upon a metallic substance.

What was done by the operator after this, according to other portions of the confessions, is not of special professional interest. When his counsel said to him that he "was surprised to find that the government theory of the homicide was so nearly correct," the prisoner answered that "it was correct in almost every particular."

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### RARE CASE OF GALL STONES DISCHARGED THROUGH THE SIDE.

BY DANIEL PERLEY, M. D.

THE patient, Matthew Plumsted, harness maker, was born in Norwich, England, A. D. 1800, went to Canada in 1812, came to the States in 1818, and to Lynn in 1835. He had been subject at times to severe pain in the region of the liver for some years, when, in the latter part of the year 1869, an abscess formed in the right hypochondrium, attended with great disturbance of the system.

The symptoms were so alarming that, in consultation with my friend the late Dr. B. B. Breed, we decided to make an opening without waiting for any thinning of the integuments. There was an immediate discharge of pus, yellow bile, and small black specks, which were easily rubbed up and became of a bright yellow color. He was somewhat relieved, and continued to improve with the discharge of similar matter, with now and then a clogging up of the aperture, till in about a month gall stones of various sizes up to that of a cranberry began to issue and continued with volcanic irregularity of rest and activity till December 28, 1873. There has been no eruption since. He is now robust and able to attend to his business in better health than for many years. In a hasty examination of the journals of the last forty years I have been able to find but two cases of the kind.

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### RECENT PROGRESS IN SURGERY.<sup>1</sup>

BY J. COLLINS WARREN, M. D.

*Bacteria under Antiseptic Dressings.* — Dr. M. Schüller<sup>2</sup> reports experiments performed by him for the purpose of determining the presence of bacteria under the salicylic-jute dressing in the wards of Professor Tiersch. At the change of each dressing a drop of the secretion of the wound was placed in a test-tube with twenty cubic centimetres of a fluid called Bergmann's fluid, to enable the bacteria present in the secretion of the wound to multiply. In many cases in which there had been no fever these tests gave no bacteria. Bergmann's fluid remained clear for several weeks. In other favorable cases at the end of ten days there was a slight cloudiness in the fluid, while where pus was taken from wounds not treated in this way, the conditions being otherwise the same, there was marked cloudiness at the end of the second day. In cases in which the dressing did not prove efficient, either from imperfect application or from the fact that the operation had been performed in a part already inflamed, the cloudiness appeared rapidly. In many of these cases there was fever. In all cases of surgical fever the cloudiness appeared more or less rapidly. As the fever subsided, the cloudiness in most instances disappeared.

He concludes that under this mode of treatment it is possible to exclude bacteria from the wound, but not in all cases, for when the tissues were previously inflamed, or contained pus, the most carefully applied dressing could not prevent their appearance. The treatment prevents the entrance of bacteria from without, but not their introduction in the secretion of the wound derived from tissue already teem-

<sup>1</sup> Concluded from page 688.

<sup>2</sup> Centralblatt für die medicinischen Wissenschaften, No. 12, 1876.



ing with bacteria. The significance of the appearance of bacteria in wounds, even those treated antiseptically, and the occurrence of febrile complications, the writer thinks much overestimated. It is evidence neither for nor against the connection of bacteria with surgical fever. The fever begins at the moment when the bacteria first penetrate the tissues. Healthy granulations, such as are found most frequently under antiseptic dressings, offer great protection against this occurrence. Moreover, the dressing prevents greatly the development of bacteria, and thus lessens their power to do harm.

*Radical Cure of Hydrocele by Incision, with Antiseptic Dressings.* — Professor Volkmann<sup>1</sup> describes this method of treating hydrocele, employed in seventeen cases. In each case all the precautions of the antiseptic treatment were carried out carefully. The hair of the pubis and scrotum was shaved off, and the parts carefully washed with a solution of carbolic acid. During the operation carbolic spray was used. The incision was carried from the external ring to the base of the scrotum. The cavity of the sac was repeatedly washed out with a three per cent. solution of carbolic acid. The edges of the tunica vaginalis were stitched to the edges of the skin. For this purpose the finest silk, used double, was employed, and from fifteen to twenty sutures were taken. The vessels were secured with catgut ligatures. The antiseptic dressing was so applied as to bring the parietal layer of the sac in contact with the testicle, the wound remaining open. The action of the spray and of the carbolic wash has the effect of producing a contraction of the scrotum and diminishing the size of the cavity. If there is a great redundancy, a portion may be excised. If the edges of the wound are so thick as to make it a deep one, a drainage tube may be inserted. Before applying the dressing a bolster should be placed under the hips to make the parts prominent. The scrotum is bandaged with eight to ten thicknesses of the antiseptic gauze bandage, four inches wide. A large mass of gauze is then laid over the genitals, with a hole in the centre to admit the penis. This covers the groin and lower part of the abdomen, and is firmly secured by gauze bandages dipped in a solution of carbolic acid. Cotton-batting steeped in salicylic acid in the manner described in the last report is then packed into the various corners for additional security. The wound in this way is hermetically sealed. This dressing remains on two, three, or four days, or even longer. When removed, the cavity is found to be obliterated by adhesion of the walls, the testicle united to the bottom of the long and narrow wound, which in a few days heals by granulation.

In no case was there any local reaction. There was a slight elevation of the temperature in the evening in a few of the cases. The patients were discharged at the end of a period averaging from eight to

<sup>1</sup> Berliner klinische Wochenschrift, 1876, No. 3.

ten days from the time of operation. On the fifth day they were allowed to get out of bed. In sixteen out of the seventeen cases complete obliteration of the cavity was found to have taken place on the removal of the first dressing. In many of these cases the walls of the sac were thickened and indurated, and in one case calcareous deposits were found in the walls. In two there was hæmatocele. In one case the testicle was incised, and two masses, the product of inflammation, were scooped out. This patient was discharged on the eleventh day.

*The Treatment of Cysts containing Rice Bodies in the Neighborhood of the Wrist.* — Dr. Faucon,<sup>1</sup> of Amiens, and Professor Duplouty<sup>2</sup> state that as long as these cysts, on the palmar or dorsal surface of the wrist, interfere but slightly with movement, no treatment should be employed which would endanger the function of the hand. Excision or extirpation is never to be employed, except when fungous degeneration, ulceration, or excessive development of the cyst occurs. A seton brings on an inflammation, which produces adhesions which interfere with the movement of the fingers. Injections of iodine are also thought unsatisfactory for the same reason. Dr. Faucon is inclined to employ puncture followed by compression. In the meeting of the society at which this report was made, Despres advised no treatment unless the cyst had ruptured spontaneously. Boinet had treated two such cysts by opening them with a tenotomy knife, allowing the rice bodies to slip out on the blade, and then injecting iodine; both cases healed without interfering with the motions. Guérin had, since he had used the cotton-wool dressing, opened several, putting cotton between the edges of the wound. All had turned out satisfactorily. Dr. Duplouty had tried iodine twice without success. He had also opened one cyst with the knife, but the fluid and rice bodies re-formed; he opened a second time in two places, one above and one below the annular ligament, and scarified the inside, without result. He next tried ignipuncture, making first some twenty punctures, and later twelve. The tumor began to shrink, and gradually disappeared.

*Observations on Hare-Lip and Cleft Palate.* — Sir William Ferguson,<sup>3</sup> in an article on operations for the cure of these deformities, mentions the case of a young girl, six years of age, on whom an operation for double hare-lip had been performed during infancy. The prominence of the intermaxillary bones had been bent back into the cleft existing in the palate. There was still considerable deformity existing, for remedying which a second operation was performed. In doing this the intermaxillary portion was removed, and, being macerated, showed that by having been placed in its new position at the time of the first operation

<sup>1</sup> Gazette des Hôpitaux, Nos. 12, 13, 16, 17, 1875.

<sup>2</sup> Bulletin de Thérapie, June 30, 1875.

<sup>3</sup> British Medical Journal, December 25, 1875, and January 1, 1876.

the front surface had become the under one, and consequently the teeth, in developing, had assumed a horizontal instead of a vertical position. When this part projects, Sir William is in the habit of cutting and raising the mucous membrane before removing the bone, thereby leaving the membrane as a soft cushion and a more complete covering to the side not interfered with. In perfecting his recent improvement on the operation for closure of cleft in the hard palate, he has found that in many cases stitches may not be necessary. He says, "I have found again and again that, when the edges of the gap have been pared and the chisel introduced, it answers to cause approximation of the raw margins by stopping the opening made on the hard substance by the chisel, with lint, so as as to make the desired closure in the centre. The pledgets of lint keep the parts as steady as, if not more so than, the stitches, whilst they obviate the necessity of the additional injury of the stitch-punctures. This practice, I am confident, is available in all instances when the opening in the bones is of brief extent, as the front stitch in the soft palate may be put in close behind the posterior margin of the bones."

He describes a very useful gag for keeping the mouth open during operations on the palate or any part of the mouth. The two legs or blades of the instrument which pry apart the teeth are connected by a hinge with two powerful handles. The instrument can be kept open at any desired width by means of a screw and button. This seems a much more useful and simple instrument than any gag hitherto devised.

Mr. Francis Mason<sup>1</sup> has been treating lately, at St. Thomas's Hospital, a number of patients with cleft palate by applications of strong nitric acid. The ages of the patients vary from a few weeks to several years. He thinks this method of effecting union is especially applicable to cases in which the cleft is of average extent, and even where the hard palate is partially implicated. The application is attended with no pain or inconvenience whatever to the patient. Other caustics were tried, but nitric acid was preferred. Such cases can be treated as out-patients. The results of this method of treatment have not yet been given, however.

*Union of Tendons by Suture.*—A number of observations on the union of divided tendons by means of the suture have been reported during the past year, from which the following have been selected. Professor König, of Rostock,<sup>2</sup> combined the suture with the antiseptic treatment in a case of a wound four centimetres in length on the back of the hand, with division of a tendon. By bending the fingers forcibly backwards the two ends of the tendon were brought to view in the wound. They were united by a catgut suture, and the edges of the

<sup>1</sup> *Lancet*, May 6, 1876.

<sup>2</sup> *Schmidt's Jahrbücher*, 1875, No. 5.

wound were brought together by four sutures. When the latter were removed at the end of the fourth day the wound had healed, and at the end of the third week the patient could hold the fingers in the extended position. A growth of connective tissue occurs between the ends of the tendon and its sheath, by which the union is effected. By subsequent motion this connective-tissue callus disappears, and the union of the tendon becomes strengthened by a growth of tissue from the tendon itself.

Dr. S. W. Brooke<sup>1</sup> reports a case of wound by a corn knife on the back of the hand, by which four extensor tendons were divided. The patient, a boy eighteen years old, was first seen forty-eight hours after the accident. The free extremities of the tendons were fully exposed by retraction of the margins of the external wound. The extremities of the tendons were more contracted in diameter than retracted in length, and were so dry and twisted that the task of securing them seemed almost hopeless.

"The extremities of the tendons were at first pared, little by little, until the surface looked moist, and then they were slightly beveled and the surfaces secured in apposition by means of a superficial stitch including little more than the sheath. One of the tendons being so dry, shriveled, and curled upon itself, over half an inch was pared off; and though the ends of this tendon were stitched, an interspace of one third of an inch was left between the extremities." A carbolic dressing was applied, the wound being closed with stitches and plaster. "The hand was retained in a splint, by which the carpus and metacarpus were flexed upon the dorsal aspect of the fore-arm, and the arm placed in a sling, with the dorsum of the hand directed downwards. A perforation was made in the splint, so that the patient could medicate the wound. . . . At the end of three weeks pronation and supination caused but slight pain, and the acts of flexion and extension were almost perfect and nearly painless. In five weeks the wound had healed entirely, and he was at work on the farm. In three months he experienced no untoward result from his injury, and had nearly ceased favoring the hand when at work."

Block<sup>2</sup> reports observations on this subject by Drs. Rochelt and Anger. Rochelt performed experiments upon the tendo-Achillis of rabbits. The tendon, being laid bare by an incision one inch in length, was divided and brought together by a fine catgut suture. Similar sutures held the edges of the wound together. The wound in the skin united in every case by first intention, the outer half of the skin sutures dropping off at the end of six to eight days. The leg was kept extended during this time by means of a splint, which was removed on the tenth day. A day or two later the animal was able to use the limb, and in

<sup>1</sup> Pacific Medical Journal, March, 1875.

<sup>2</sup> Schmidt's Jahrbücher, 1876, No. 6.

twenty days motion was perfect. In one case, when the wound was examined on the tenth day, the suture was found softened and firmly imbedded in the ends of the tendon. In another animal, at the end of the twentieth day, the knot only of the suture was to be found. In two cases examined respectively on the thirtieth and fortieth day not a trace of the suture was found, the tendons being perfectly normal and free from any adhesion to the neighboring parts. Dr. Anger operated upon a man when the extensor communis and extensor proprius tendons of the little finger had been divided six months previously. They were exposed by an incision through the skin, were freed from adhesions, and the ends were brought to within two centimetres of one another by silver sutures. The hand was kept in position on a splint, and the wound allowed to granulate. The suture came away at the end of three weeks, the wound healed, and the normal motions of the finger were eventually obtained.

*Excision of the Elbow-Joint.* — Dr. H. J. Bigelow<sup>1</sup> reports a modification of the usual operation where the lower end of the humerus with its condyles is sawed off. It had occurred to him that if, as in the case in which the operation was performed, the condyles were not diseased and could be safely left, and only the articulating surface of the humerus removed, the muscles attached to these condyles would remain undisturbed. The condition of the arm after the operation would then approximate more nearly that of a case of excision when the periosteum of the condyles had been preserved.

After the median incision was made and the ulna cleaned, the end of this bone was removed at a point about an inch and a half from the olecranon. The humerus being dislocated backwards and the ulnar nerve being drawn aside, the humerus was sawed from the bed of this nerve obliquely into the olecranon depression, and similarly on the outside from the external condyle into the same depression. The whole articulating surface was now readily broken out, leaving the condyles. The end of the radius was removed subsequently.

*Case of Congenital Fistula of the Neck.* — Dr. Frederik Eklund<sup>2</sup> reports the case of a sailor with a fistulous opening in the neck, five centimetres from the middle line, six centimetres from the right sterno-clavicular articulation, and ten centimetres from the sterno-mastoid process. The opening was very minute, and on pressure the fistulous tract gave vent to a clear, transparent, thick mucus, that clung to the finger and could be drawn out into long threads. Under the microscope the mucus showed small, round cells with granular contents and epithelium of the same character as that found in the lower part of the pharynx and the œsophagus. It was congenital. No relatives were thus affected.

<sup>1</sup> Boston Medical and Surgical Journal, March 30, 1876.

<sup>2</sup> Schmidt's Jahrbücher, 1875, No. 9.

Had not observed any increase in the secretion or other change at the period of puberty, as is usual with fistulæ of the neck. The opening closed and reopened from time to time. When closed, the tract swelled in the form of a saccular dilatation under the skin. There were no traces of food or drink in the secretion. During the act of swallowing the opening moved slightly toward the middle line, but was not drawn inward. The fistula could be traced from the opening as a fine cord running along the surface of the sterno-mastoid muscle upwards and forwards to its anterior border, and then dipping downwards. A very fine probe was introduced about six centimetres in the direction of the pharynx and hyoid bone. Probing brought on severe reflex action of the muscles of the pharynx and larynx, and those of expiration, as if the soft palate had been tickled, or a foreign body had entered the larynx. An effort to inject water did not succeed.

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#### PIFFARD ON DISEASES OF THE SKIN.<sup>1</sup>

A NEW book on skin diseases, and an American one. Hitherto our native dermatologists have been content with publishing the results of their observations within limited fields of study, and have left to their foreign brethren the more ambitious labors of general book-making; and they have done wisely, we think, in devoting their time so much to observation and in resisting the common temptation of writing more than they knew. Hence the contributions made by them to the literature of dermatology, although sparse and small, have been in great part of real value. But now it seems we are outgrowing this phase of apprenticeship, and are to have from each of our great centres of medical teaching a general book on skin diseases. Dr. Piffard's is before us, and Dr. Duhring's, of Philadelphia, is to be immediately published. Do we need new works of the sort from any quarter? Some of the more recent text-books are excellent, but none were quite perfect even when written, and dermatology makes rapid progress yearly. The last published should, therefore, be the latest, and, if coming from a man thoroughly educated and experienced in his specialty, might well be the best, and supplant its predecessors. Moreover, we have never had a complete American book on skin diseases, and many important questions bearing upon their variations as observed upon this continent would naturally be treated of therein, and insure for it no small degree of interest abroad as well as at home. If the author fail, however, to present the whole subject of dermatology in a more complete and acceptable manner than previous writers; or to give a thorough and discriminating digest of its progress; or to add from an experience of his own, sufficiently wide to warrant the undertaking, new matter of interest, then he had better have left

<sup>1</sup> *An Elementary Treatise on Diseases of the Skin, for the Use of Students and Practitioners.* By HENRY G. PIFFARD, A. M., M. D., Professor of Dermatology, University of the City of New York; Surgeon to the New York Dispensary for Diseases of the Skin, etc. London and New York: Macmillan & Co. 1876.

unbroken the dignified and praiseworthy reticence which has hitherto characterized the American school of dermatologists.

Dr. Piffard's book consists of forty chapters, and the first six of them are devoted to the anatomy, physiology, and pathology of the skin, and to the symptomatology, diagnosis, and classification of its diseases. The anatomy is briefly described and illustrated by well-selected and clear wood-cuts. Several important omissions are noticeable, however: nothing is said about how the hair is formed, and no reference is made to the interesting investigations of Pincus in relation to its color, viability, etc. Yet the chapter is not wanting in novelty, as will be seen by the accompanying statements of the author's views concerning the formation of the horny layer of the epidermis: "Most writers state that this is derived from the Malpighian layer; in other words, that the cells which at one time occupied positions in this latter layer afterwards become cells of the stratum corneum, being pushed outward by new cells forming beneath them. This I believe to be an error. Cells of the rete always remain such, and do not become horny, and the cells of the horny layer never were cells of the rete. Each layer is regenerated independently of the other." This opinion he bases mainly upon the fact of the existence of a peculiar layer of cells between the horny and the mucous layers called the "stratum lucidum." It will readily be seen on what insufficient ground he would substitute for a doctrine universally accepted and substantiated by every observation of the skin in health and disease a view without the support of analogy or even probability. Such views are certainly out of place in a text-book for students until they can be shown to rest upon a more stable basis.

The lesions of the skin can hardly be said to be described at all. A profile diagram of their comparative size and shape is given, and to this is added the briefest definition which might answer for a condensed dictionary of medical terms. Yet in the chapter on diagnosis the author devotes considerable space to demonstrate the advantages of the use of the compound, binocular microscope in examining the surface of these lesions upon the patient.

The author's views concerning the classification of skin diseases have been already published in part.<sup>1</sup> He advocates what he calls a natural or etiological system, having causality as its corner-stone, and divides cutaneous affections into five groups: I. Diathetic affections; II. General non-diathetic affections; III. Reflex affections; IV. Local affections; V. Affections of uncertain nature. Having premised that his object in devising this scheme was to have a system "which will prove of the most practical use, and one which at the same time does not draw too much upon theory at the expense of facts," he dismisses the plan of "the German school," which rests upon the pathological anatomy of diseases, which we do know something about, with the simple remark that it has "attracted attention," and selects for the foundation of his own plan that of which we know less than of anything else in dermatology, namely, causation, and which in fact is almost wholly a matter of theory. It is not at all strange, therefore, that we find certain of the most important affections arranged under classes which are purely imaginary, and others put into positions which they could maintain only by begging the whole question of their

<sup>1</sup> American Archives of Dermatology.



right to it, and that Class V. is made up of so many affections which the author himself does not know what to do with as to prove the insufficiency and impracticability of the whole plan according to his own standard. Take, for instance, the class Rheumides under Group I., for we have not space to consider more. This is a term invented by the author, and used by him synonymously with *dartre* of the French, to signify a diathesis, and preferred by him because, in his own words, it implies the idea of exudation; because the blood condition in the affections included under it — eczema, psoriasis, pityriasis — is similar to that in rheumatism; because there is a wide-spread belief in the existence of a constitutional condition which gives rise to *salt rheum*; and lastly because the French term *dartre* is "utterly without signification to the English or American mind." The existence of any such diathesis rests on pure assumption, and is a theory with which all are now well acquainted. It would be easy to invent names for half a dozen other diatheses and apply them to as many groups of affections of the skin, or other tissues in fact, which present points of mutual resemblance, and it would be impossible to prove that such diatheses did not exist; nor would it be necessary so to do. The proof must come from those who uphold and promulgate such theories. Dr. Piffard confesses that an absolute demonstration of the darts or rheumatic diathesis is impossible, nor does he offer any evidence in support of it. His argument is mainly a statement of the belief among physicians of all times that there is something constitutional at the bottom of certain skin diseases. Unfortunately, when we look for the particular nature of this something we find a great diversity of opinion concerning it among the believers, its strongest supporter, Hardy, openly confessing his ignorance as to its character. According to the author, his diathesis consists in an accumulation in the blood of an excess of certain excrementitious substances, namely: "uric acid, lactic acid, oxalic acid, creatin, creatinin, and possibly others;" in other words, the rheumides are due to "incomplete oxidation." This is bringing the question within the bounds of demonstrative reasoning, and makes his speculative chapter on the pathology of these affections unnecessary, because it is to be solved not by the pen but by the test tube. So, too, did space allow, would we object to his calling the two kinds of lupus scrofulides and mixing them up with epithelioma; and to his placing acne in the class of reflex affections; and to the greater part of his arrangement as positively erroneous or unproven.

But let us leave these matters of theory, with which the book is overfilled, and look briefly at its more important, practical features. The descriptions of individual affections are generally clear, brief, and good, and the directions as to treatment, so far as they go, judicious. Of course, there are many points with regard to which opinions very different from those expressed by the author are held by other dermatologists; so numerous are they, in fact, that it will be wiser in a notice of this sort to leave them all alike untouched, although they include grave errors, as we believe.

The subjects are not at all equally treated, some important diseases being dismissed with the briefest notice, while long chapters are given to useless discussions of matters purely theoretical. Of the seven pages allotted to scabies, for instance, three are occupied by the history of the discovery of the animal,

which can be found in several other works, while its treatment is disposed of in a single page. Urticaria receives but two and a half pages, the latter fraction being sufficient for its treatment, while twelve pages are taken up with the histology of lupus. Diseases of the hair are almost wholly passed over in silence, and other instances of similar neglect might be mentioned which greatly detract from its merits as a manual.

The text is illustrated by forty-nine wood-cuts, which are mostly borrowed from well-known works, and by fine plates of photo-micrographs of sections of the skin in lupus, rosacea, elephantiasis arabum, and keloid. The latter are well executed, but of little value. To one well acquainted with the microscopic appearances they are intended to represent they recall the gross features of tissue change presented by this instrument, but for the student and practitioner, who are to be instructed, they wholly fail to convey the necessary minutiae of detail and the diagrammatic effects of a good engraving. The paper and printing are excellent.

In conclusion, we would say that we regard Dr. Piffard's book as a valuable and independent contribution to dermatology, but it cannot be considered as representing fairly the American school of dermatologists, or as the best manual for the student that, we will hope, the latter may produce.

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#### BAXTER'S VITAL STATISTICS.<sup>1</sup>

CRITICS generally refer to works emanating from the Government Printing Office, if they refer to them at all, in a very depreciatory manner. This verdict is not surprising. Such a mass of rubbish is annually turned out from that establishment, such torrents of turbid congressional platitudes, such incredible accumulations of chaff in the shape of agricultural and patent reports, such impudent advertising sheets in the guise of reports on lying-in hospitals, that it is not wonderful that the volumes bearing the government imprint should be chiefly sought by the dealers in waste paper. Yet out of this Nazareth some good, and not infrequently something of surpassing excellence, is brought to our notice. Now, an account of ocean currents or a star catalogue is printed, representing the scientific labors of half a life-time. Again, surveys of mines or of alleged diamond fields have protected public and private interests, and put to shame the venal reports of pretended scientific experts. Or descriptions of unknown territories, or observations on rivers and harbors, or meteorological observations, or experiments for the improvement of the light-house system, are produced in works that constitute standard authorities on the subjects of which they treat. More especially, the vast facilities of the government for the accumulation of reliable statistical information is improved,

<sup>1</sup> *Statistics, Medical and Anthropological, of the Provost-Marshal-General's Bureau, derived from Records of the Examination for Military Service in the Armies of the United States, during the late War of the Rebellion, of over a Million Recruits, Drafted Men, Substitutes, and Enrolled Men.* Compiled, under the direction of the Secretary of War, by J. H. BAXTER, A. M., M. D., Colonel and Chief Medical Purveyor United States Army, late Chief Medical Officer of the Provost-Marshal-General's Bureau. In Two Volumes. 4to. Washington: Government Printing Office. 1875.

and we see in such discussions of the census returns as have lately appeared what services may be rendered to science by a wise utilization of such opportunities.

The work before us belongs to this class. The circumstances under which its materials were accumulated are perhaps unexampled. For the first two years of the civil war the Union armies were recruited by volunteer enlistments under the control of state authorities. March 3, 1863, this method having proved inadequate, Congress created the Provost-Marshal-General's Bureau of the War Department, that the general government should have charge of the recruitment of the armies, by voluntary enlistment if practicable, by compulsory enlistment if necessary. An enrollment of all persons liable to military duty was ordered, and carried out by local boards consisting of a provost-marshal, surgeon, and commissioner. The necessity of rigid systematic medical examinations becoming apparent, in order that none but able-bodied men should be sent to the field, in January, 1864, a medical branch of the Provost-Marshal's Bureau was established, to give instructions to the local medical officers and to receive their reports, and Dr. J. H. Baxter, the author of the work before us, was assigned as its chief medical officer.

The value of the vital statistics accumulated under the supervision of the medical branch of the Provost-Marshal-General's Bureau was so conspicuous that Congress, in 1869, directed that the data should be arranged for publication. After a laborious analysis, the results are embodied in two large quarto volumes.

The first volume opens with an introductory chapter of eighty-seven pages, in which the plan and scope of the work are set forth, the recruiting regulations of the United States since the formation of the army, and those now in force in various foreign countries, are detailed and explained, and different systems of measurement of the human body and its relative proportions are fully discussed. Anthropologists will find the last section, which terminates with an excellent bibliography of works on anthropometry, an exhaustive review of the subject, enriched by many original observations and by much instructive criticism.

A review of the tabular statements embodied in the second volume follows. The terms employed are defined, and the classification of diseases, disabilities, and disqualifications explained. The well-known nomenclature of diseases provisionally adopted by the Royal College of Physicians of London in 1869 is employed, with some necessary modifications. The methods by which the elementary conditions selected for comparison are set forth are next described. These are: first, stature, including height, girth of chest, expansion of chest, and weight; age, complexion, nativity, residence, and marital relations. The voluminous tables are in all cases supplied with millesimal ratios, an arrangement of the utmost practical convenience, permitting ready comparison of the results by the ordinary reader, and an appreciation of the conclusions that without this aid could be easily attained only by the advanced statistical student.

The next part of the first volume, in sixty charts and eleven tinted maps, expresses graphically the principal results declared from the tables. By ingenious adaptation of the methods of late felicitously employed by statisticians,

the ratios and distribution of diseases and physical characteristics are summarily presented to the eye. Twenty-four charts show the relations of various diseases to social condition, complexion, age, height, and nativity; ten, the relation of diseases to occupation; twenty-four, with the further illustration of eleven maps, exhibit the distribution of diseases according to locality. Two charts are devoted to a comparison of height and girth to age and nativity. Among their instructive features these charts present some that are amusing. We are pained to observe, in Chart XXXIV., that, in disqualifying diseases, "editors" take highest rank. In "obesity," in the learned professions, "lawyers" take precedence, while "physicians" present a lean figure, and "editors" have no standing at all.

The next part, of three hundred and sixty pages, consists of reports of surgeons of boards of enrollment and other documents. It is probably well to preserve this documentary evidence, but its crudeness, diffusiveness, is in marked contrast to the remainder of the work. It is perhaps unfair to expect uniform reflections of matured wisdom from practitioners hastily called to engage in an unaccustomed pursuit, but we should hardly expect to find a surgeon-general of New York (page 259) asserting that hernia should not disqualify a man from military service, and that a medical officer should be able to examine twelve men an hour with accuracy.

The first volume closes with an exhaustive and well-arranged analytical index. The second volume is entirely occupied with the consolidated tables and necessary explanatory matter. Some of these we have examined with care, and can testify that they equally display the laborious fidelity of the computers and the good judgment with which the labors have been directed.

We understand that an edition of five thousand copies of this valuable work has been published, and that its distribution is reserved to members of the present Congress. \* \*

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#### ANNUAL MEETING OF THE MASSACHUSETTS MEDICAL SOCIETY, BOSTON, JUNE 13TH AND 14TH.

THE society met at the Lowell Institute at eleven o'clock A. M. of Tuesday. The first paper presented was that of Dr. Albert Wood, of Worcester, on Embolism of the Arteries of the Extremities. The writer called attention to the differential diagnosis of embolism and thrombosis, and to the causation, prognosis, and treatment of the latter. The paper was based upon clinical observations made by the author.

Dr. William F. Southard, of Baldwinsville, read a paper on The Thermometer as an Aid in Diagnosis and Treatment of Disease. He gave the history of medical thermometry, and considered the employment of the instrument as of great value in the incipient stages of diseases like phthisis, where the physical signs are not sufficiently positive to enable the physician to arrive at any satisfactory conclusion as to the condition of his patient.

The Dietetics of Infancy were next considered, by Dr. O. J. Brown, of North Adams. The following statistics are valuable because from his own practice. In the three years from 1871 to 1874 he treated for diseases of the digestive

organs seventy-four cases in children under two years of age. Thirty-two of them were fed at the breast; and forty-two were brought up upon artificial food. Of those brought up on the breast, three died, two from convulsions following indigestion and one from intussusception. Of the forty-two fed by hand, nine died, all from causes traceable directly to artificial feeding.

Dr. J. J. Putnam, of Boston, called attention to some of the physiological and therapeutical relations of physical exercise. He referred to the Swedish movement cure, and to its advantageous employment in certain diseased conditions. Appropriate apparatus was shown for the restoration of power in muscular paralysis of various parts of the body.

Dr. F. F. D'Avignon, of North Adams, reported his favorable experience of the employment of the tincture of iodine in albuminuria resulting from congestion of the kidneys. He regarded the remedy as particularly indicated in cases of the disease in persons of strumous taint, in whom the malady is apt to be intractable.

The reports from district societies were read by Dr. Wigglesworth, of Boston. For the Suffolk district Dr. A. L. Mason presented a paper on the various remedies in use in this vicinity and abroad for the reduction of temperature in febrile conditions. The paper was interesting and instructive on account of the clear manner in which the action of and the indications for the various remedies were shown. Reports were also presented from Worcester, Bristol North, and Hampden districts.

Some points in the Pathology and Treatment of Cholera Infantum were forcibly presented by Dr. Edward Waldo Emerson, of Concord. The writer stated that the clinical phenomena of the disease in question demonstrate clearly that the main pathological condition is an entire change in the equilibrium of the circulation — engorgement of the abdominal organs at the expense of the peripheral and respiratory. After a careful consideration of the disease in its pathological relations, its treatment was discussed at length.

Dr. Marshall Calkins, of Springfield, in a vivid manner discussed the diet of the sick, and referred to the kinds of food that should be employed in various diseased conditions.

A paper on the Crepitant Râle, its Nature and Conditions of Production, showed much careful study on the part of its writer, Dr. William H. Workman, of Worcester. He concluded his paper with the statement that this râle is peculiar to no one disease, as was formerly supposed, but may exist in several, each having its distinct pathological nature.

The last paper of the day was a very instructive one on the Sanitary Condition of the City Hospital, by Dr. Edward Cowles, of Boston. The writer showed that recent investigations have exhibited such sanitary defects in the original plan of construction of the hospital as may account for much of the mortality from pyæmia and kindred diseases in past years. Sewer gases have penetrated the shafts which were designed to convey pure air to the wards, and, it is reasonable to suppose, have caused much sickness and death. It is hoped that the means now adopted will prevent such risks in the future.

In the evening of Tuesday the councilors assembled for the election of officers of the society, and for the transaction of other business. The following officers were elected for the ensuing year: —

President, Dr. William Cogswell, of Bradford; vice-president, Dr. J. W. D. Osgood, of Greenfield; treasurer, Dr. F. W. Draper, of Boston; corresponding secretary, Dr. C. W. Swan, of Boston; recording secretary, Dr. F. W. Goss, of Roxbury; librarian, Dr. D. H. Hayden, of Boston; orator, Dr. J. R. Bronson, of Attleboro; anniversary chairman, Dr. A. Hosmer, of Watertown.

The president announced a donation of one thousand dollars to the councilors, the income of which was to be devoted to providing refreshments at the times of their meetings.

An appropriate expression of thanks was unanimously voted to the retiring president, Dr. B. E. Cotting, for the ability and fidelity with which he had performed the duties of his office.

The society reassembled at nine o'clock Wednesday morning. The names of sixty new and of twenty-nine deceased fellows were read. The treasurer's report was of much interest, showing that all the debts of the society have been paid and that there is a current balance of more than three hundred dollars in the treasury. The society voted to join with others in a petition to Congress for appropriations sufficient to print the catalogue of the library of the surgeon-general's office in Washington.

Subsequently the reading of papers was resumed. Dr. J. Collins Warren, of Boston, presented a very valuable communication on Vaginal Lithotomy, in which the comparative merits of this method for removing a vesical calculus and that of dilatation of the urethra were discussed. The writer's conclusion was that vaginal lithotomy may be employed in a much wider range of cases than it has been hitherto, while dilatation of the urethra should be practiced with great caution until we more fully understand the class of cases to which it is suited, and have determined with greater certainty the limit to which it can be carried.

Next there followed a discussion on The Metric System; Ought the Profession to Adopt it? Dr. Samuel W. Abbott, of Waketfield, opened with a paper in favor of the establishment of the system by law. The adoption of the method was ably opposed by Dr. J. L. Sullivan, of Malden, and favored by Dr. T. B. Curtis and Prof. E. S. Wood, of Boston. At the conclusion of the debate the society voted to join with the Institute of Technology in a petition to Congress to establish the metric system by law.

At twelve o'clock the annual discourse was delivered by Dr. P. LeB. Stickney, of Springfield, on The Country Doctor; his Place in the Profession. The theme was presented in a very interesting manner, and at the close of the address the thanks of the society were heartily accorded to the orator.

The interest of the occasion was heightened by the presence, during the delivery of the discourse, of his Imperial Majesty, Dom Pedro II., Emperor of Brazil. The diploma of foreign honorary membership was presented to the emperor by the president, in accordance with the previous enthusiastic vote of the society, in concurrence with that of the councilors on the previous evening. The honor was gratefully acknowledged by the distinguished visitor.

After the introduction by the retiring president of his successor in office, the society adjourned to the Music Hall to enter upon the exercises of the

anniversary dinner, where, after the collation had been partaken of, the anniversary chairman, Dr. J. H. Mackie, of New Bedford, welcomed the Fellows in appropriate words, and to the toast, The Massachusetts Medical Society, called upon the retiring president, Dr. B. E. Cotting, to respond. He replied somewhat at length, and in the course of his remarks congratulated the brethren on the present condition of the society, that with effective by-laws, an energetic ethical committee, zealous and active executive officers, a promptly-paid and increasing income, freedom from debts, a considerable fund, — \$30,000, — increasing donations, renewed activity in all the districts, and greater harmony and *esprit du corps* among its fellows, it is to-day more prosperous, more popular, more respected, more of a *power* for good to the community and the profession, and more generally acknowledged as such, than ever before in its history." The president elect next responded briefly. Governor Rice responded for The Commonwealth; Dr. Stickney for The Country Doctor; Rev. Dr. Quint for The Clergy; Judge Bennett for The Legal Profession; Mr. W. F. Raye, of London, for Our Foreign Brethren; Dr. H. W. Williams for The Ophthalmological Society, and Dr. Jacob Bigelow expressed by letter his "earnest hope for the welfare and individual happiness and prosperity of the members of the Massachusetts Medical Society."

On the announcement of a toast on The Metric System, no one appearing to respond, a Fellow arose from the audience and said he believed he had found what the chairman was looking for, and read the following lines, written by another, which had fallen into his possession, entitled *A Lament by an Old Fogey*: —

"Hard lines! to form a *league* to take away  
The only *rod* that stayed my aged *feet*,  
To strip my very dwelling of its *ell*,  
And turn its *yard* into the public street.

"And *scruple* not to rob me of my *dram*,  
The sole supporter of my tottering state,  
Now that my *gill* is gone and I dropped down  
From *stone* to *stone* to scarce a *hundred weight*.

"My last *mile*'s done, my latest *pound* is gone,  
No *ounce* of joy or hope is left me here.  
I only pray that Heaven may scatter down  
Some *grains* of mercy on the old man's bier."

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### THE ENGLISH VIVISECTION BILL.

THE question of regulating by law experiments on animals has of late excited considerable attention in England. That there should be some kind of legislation is perhaps not undesirable, though we think that both in England and in America physiologists are not given to cruelty as they certainly are on the Continent.

The affair has taken a rather unhappy form from having fallen into the hands of that excellent but most stupid and mischievous class, the "sentimentalists," who are always anxious to sacrifice society for the criminal, and man for the beast. A very absurd clause in the bill now pending is that forbidding



under any circumstances experiments on cats and dogs. That these animals even when unconscious should on no account be of use to science is one of those characteristic inanities which will warm the very heart of the sentimentalist. The title of the bill is offensive in itself, and, as our English exchanges point out, it is as improper to call it a "Bill to prevent Cruelty to Animals" as it would have been to call the "Anatomy Act" one "to prevent the robbing of churchyards" or "the desecration of the dead." The following extract from the *British Medical Journal* contains several amusing and well-taken points:—

"It seems a strange omission on the part of the framers of this bill to have attempted no definition or limitation of the term animal. As it stands, those who, as Professor Cleland puts it in a letter to the committee of our Association, swallow their oysters alive, propose now to make it criminal to scratch the tail of a tadpole, if it be for the purpose of knowledge; for it must be observed that nothing is criminal under this bill, as it is framed, unless it be done for the purposes of knowledge. To experiment on a live oyster with Cayenne pepper and vinegar is lawful for the sake of tickling the palate; but if the same thing be done for the sake of gaining new knowledge or disseminating old knowledge, it requires a license, and (since anæsthetics cannot be used) also a special certificate; and it can only be done in a registered place, under the supervision of inspectors, and subject to the wisdom of the police. Neither spaying, nor gelding, nor firing, nor the other various mutilations of horses, cattle, sheep, sows, and cats, are included in the provisions of this bill; nor any of the other mutilations by which the animal creation suffer more in a year at the hands of agriculturists and farriers than they have done from the hands of physiologists since the world began, are taken into account, as acts of cruelty. It will continue to be lawful to 'break up' a fox, to trap rabbits in a way that causes long drawn anguish, without let or license; but not to show a frog's web under the microscope, or to demonstrate the circulation in a flea. Lobsters may be boiled alive by the million, and, as epicures will have it, slowly, in water raised from a low temperature to the boiling point; but not so bacteria."

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#### THE BOYLSTON MEDICAL PRIZES.

We take great pleasure in calling attention to the advertisement of the Boylston medical prize committee which has appeared in our columns, announcing the award of a prize of three hundred dollars to Dr. W. Gill Wyllie, of New York, for a dissertation on Civil Hospital Construction, and a prize of two hundred dollars to Dr. Mary Putnam Jacobi, of New York, for a dissertation on the subject, Do Women require Mental and Bodily Rest during Menstruation? We understand that both of these papers are of an unusually high standard of excellence, and as the subjects were very judiciously selected by the committee they will both without doubt be read with great interest by the profession. A dissertation on Hospital Construction, bearing the motto "*Mille mali species, mille salutis erunt*," was considered so excellent that the committee recommends its publication by the author. As

the rules by which the committee is bound do not permit the name to be disclosed, we trust the author will see fit to give the profession the benefit of his work.

The subjects for these annual prizes are always selected with the greatest care, and represent very fairly the points on which the profession need instruction; and as the premiums are very generous in amount, there is an opportunity for the employment of the highest talent.

The questions proposed for next year are as follows:—

(1.) Are epidemics and so-called contagious diseases necessarily dependent upon material agencies, acting through the stomach, or otherwise?

(2.) Athletic sports, training, violent exercises, etc., as now practiced by young men; their temporary or permanent influence on the health.

The following are the questions proposed for 1878:—

(1.) Antiseptic treatment. What are its essential details? How are they best carried out in practical form?

(2.) Diphtheria. Its causes, diagnosis, and treatment.

We trust there will be an active competition and that our own city will come in for a share of the honors.

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#### MEDICAL NOTES.

—The treatment of cystitis by atropia enemata is the subject of an article by Wm. Semple, M. D., published in the *Virginia Medical Monthly* of June, 1876. Dr. Semple says that most of the cases of acute cystitis that have come under his observation have occurred in young girls with whom the menstrual function had not become regularly established, and the attacks have commenced soon after a menstrual period, and in unmarried women when the function, before its cessation, becomes irregular. He has not found occasion to resort to the introduction of instruments into the bladder for purposes of examination or treatment since he has adopted the method here recommended. This method consists in the administration by enema into the rectum of from forty drops to a drachm of a solution of sulphate of atropia (one grain to eight ounces of water), to which is added sufficient carbolic acid to prevent the formation of organic matter and the deposit of atropia. The dose is added to half an ounce of water for administration, and given twice in twenty-four hours. It uniformly and immediately arrests the frequent strangury and painful micturition, gradually checks the mucous and sanguineous discharges, and relieves the supra-pubic pain with the cystic inflammation. When the urine is alkaline, Mettauer's nitro-muriatic acid is given to correct it; and when it is so acid as to irritate, the acidity is corrected by antacid remedies, of which the bicarbonate of potash, with subnitrate of bismuth, is generally preferred, because of the tonic effect of the bismuth and its very soothing effect on the mucous surfaces of the urinary organs. When constipation exists, which is frequent, it is relieved as occasion requires, generally by the German *pulveris glycerrhizæ compositus*, until the bowels begin to act regularly from the effect of the atropia, which generally soon results. Several cases are reported to illustrate the success of this method of treatment.

— During the last winter semester the medical students at the German universities were distributed as follows: At Vienna 830, Würzburg 548, Leipzig 428, Dorpat 353, Munich 347, Berlin 263, Griefswald 218, Graz 211, Zürich 197, Strassburg 191, Erlangen 161, Breslau 160, Tübingen 157, Bern 151, Königsberg 148, Bonn 123, Göttingen 123, Marburg 122, Freiburg 120, Halle 112, Heidelberg 87, Giessen 84, Basle 82, Jena 75, Innsbruck 69, Kiel 64, Rostock 36.

— We see in our English exchanges that Mr. Wickham Legg reported the investigations of a committee of the London Pathological Society appointed to inquire into the pathology of floating kidney. The report showed that these cases could be divided into two classes. In one, the kidney (when examined as soon as the abdomen was opened, and before the other viscera were disturbed) was movable under the peritoneum, not unfrequently for an inch upwards and downwards; occasionally to a much greater extent, as in one case where it could be moved in a circle, the diameter of which was eight or nine inches. In the other class, the peritoneum formed a mesonephron. Both classes merged insensibly into one another. We are inclined to think the latter form the more common, but do not find this point mentioned in the report.

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## MASSACHUSETTS GENERAL HOSPITAL.

### SURGICAL CLINIC.

[SERVICE OF DRS. GAY AND CABOT.]

*Goitre.* — S. A. D., a healthy young woman of twenty, entered the hospital January 18, 1876.

"The tumor was first noticed two years ago, a little to the right of the middle line of the neck. It has grown steadily since, and now extends from just behind the angle of the jaw on the right side to the clavicle below; laterally from the anterior edge of the left sterno-mastoid muscle across beneath the right sterno-mastoid to a point three inches posterior to it. Its vertical diameter is six inches, horizontal diameter eight inches. It is soft and elastic, with indistinct feeling of fluctuation. The trachea is deviated about one inch to the left."

For almost two months electricity was regularly applied over the tumor without sensibly reducing its size, although the breathing, which was slightly embarrassed on entrance, became freer. Towards the end of March the patient finally decided to have it removed by operation.

March 25th. Dr. Gay operated as follows: An incision about five inches in length was made from a little to the right of the symphysis of the chin nearly to the sternum. Upon reaching the surface of the tumor it was found covered with greatly distended thin-walled veins. Its coverings were stripped and dissected back, the more important bleeding points being tied as they appeared. The upper portion having been freed, the tumor stripped out quite easily. The isthmus of the thyroid formed a pedicle which attached it to the trachea and was filled with large vessels. An aneurism needle carrying a

double ligature was passed through this, it was tied both ways, and the tumor then cut off. There was considerable hæmorrhage from the divided coats of the sac, which was controlled by pressure with the thumb until the vessels were tied one by one. The edges of the wound were brought together with silk sutures, and a dressing of carbolic acid and water 1x40 applied. She made a good recovery without an unfavorable symptom.

The ligatures about the pedicle came away on the tenth day, and three weeks after the operation she was discharged at her own request, with but a small granulating surface left. An examination of the tumor showed it to be simple glandular hypertrophy.

*Displacement of Patella.*—Charles H. E. entered the hospital November 16, 1875. He gave the following history:—

"Eleven weeks ago he turned his ankle and felt something slip about the knee. He examined it, and found the patella, as he thinks, displaced to the inside. He pushed on it and it went back into place with a snap. He then walked a mile with but little difficulty. The next morning he was lame, but could walk a little. Since then he has kept about on it more or less with the help of a crutch."

At the time of entrance he could not lift his leg straight from the bed, nor extend the lower leg when flexed. A very marked depression was to be felt over the situation of the ligament of the patella.

The leg was put upon a splint originally contrived by James Mains, a ward tender at the hospital, for excisions of the knee-joint, but which has been found useful in various diseases and injuries of that joint. It consists of a straight under splint on which the leg rests, as on a Goodwin's splint, with bridges under the knee, and of an upper splint fitting the front of the thigh and leg with bridges over the knee. When these are secured together with straps, the leg is held very firmly. In this case the lower end of the thigh-piece was well padded against the patella, and being strapped firmly about the thigh was drawn down until it brought the patella well into place, and then secured to the foot-piece.

At the end of almost a month, during which time the parts had been kept immovable, there was no apparent effort at repair of the ligament.

December 16th. A blister was applied over the depression below the patella.

December 20th. There was a decided filling up of depression.

On December 26th a blister was applied, and again January 7th.

January 12th. The depression was filled with a firm resistant mass.

January 28th. There being apparently good union between the ends of the ligament, a dextrine bandage was applied and the patient allowed to get up.

February 14th. Dextrine was sawed off and the union found still apparently firm. He was discharged with directions to continue wearing the dextrine, but to take it off three or four times a day and work his knee gently.

The patient was seen again June 7th. The patella is in good position, the new ligament being no longer, though somewhat broader, than the other. He can walk upon it freely without limping, extends it when flexed, and can raise it straight from the bed.

A. T. CABOT.

## MAINE GENERAL HOSPITAL.

## SURGICAL CLINIC.

*Elastic Ligature in Fistula in Ano.* — S. D. P., aged thirty-three, admitted to hospital December 2, 1875, with a history of fistula in ano, the result of an abscess. It extends up along the rectum about two and one half inches; has fecal matter in it, but no communication can be found with the gut. General health rather below par; bowels quite regular.

December 3d. Dr. Tewksbury with a curved needle put in an elastic ligature.

December 12th. There has been but little discomfort since the operation. Ligature has cut through and the wound is granulating finely. To take gentian and cinchona.

December 25th. Wound nearly closed, general health much improved, and she is discharged. This is a typical case of several in which Dr. Tewksbury has used the elastic ligature. It is done without ether or incurring much pain, and the result is as good as by the ordinary method.

*Stiff Knee.* — T. C. B., aged twenty-one, admitted to the hospital January 21, 1876, with the history that on the first of September, while mowing, he slipped and fell upon the scythe, receiving a cut the depth of the scythe on the inner and upper third of the patella, reaching the quadriceps extensor tendon, but probably not severing all of it. He says the wound was brought together with adhesive straps; healed without much inflammation; that he was not confined to his bed, but that it was some two months before any weight was borne upon the leg, for fear of reopening the wound. The tissues about the knee are tense and unyielding; he can flex the leg but slightly, and in walking swings the foot outward, and limps. His general health is good.

Dr. Tewksbury ordered the limb to be rubbed and kneaded, and at the same time as much flexion made as could be borne for ten minutes at a time, night and morning.

January 28th. The tissues about the knee have loosened; he can flex the leg to nearly its normal extent, and walks very much better.

February 8th. There has been constant improvement; the leg can easily be flexed to its normal extent; he walks readily without limping, and is discharged with orders to continue the treatment a while. This case is very interesting, for it came from the hands of surgeons of good standing, who thought it would be a long time before the limb would become useful, if it ever did. It is also one of those cases in which persons employing the same treatment, and achieving such a happy result, attribute it to "spirits" and call themselves "spiritual doctors," or they soon find their pedigree will warrant them in styling themselves "natural bone-setters."

*Ovariectomy.* — L. D. M., aged twenty-five, single; occupation, teacher. Nativity and residence Mount Vernon, admitted to the hospital April 17, 1876. History is that of ovarian tumor, which commenced about ten years ago by a slight enlargement in the right iliac region. For four years it gradually became more prominent, when it took on a more active growth, which continued for three years, the tumor then occupying a large part of the abdominal cavity.

She has enlarged an inch or more at different times within the last three years. This always reduced her strength, which was never fully regained during the intervals. She never has been tapped, and has enjoyed very good health, although the weight and pressure have annoyed her very much. Her menstruations have been regular. Of late her health has been failing; she is much larger than a woman at full term of pregnancy, and the abdominal cavity is occupied by a distinctly circumscribed fluctuating tumor. She is very hopeful and desirous of an operation, and her courage is unsurpassed.

April 19th. She has been taking ten drops of tincture of the chloride of iron after meals, which she took under the impression that it was for a cathartic effect, and it has so acted with her.

She was kept on a light diet yesterday, and at bedtime she took six grains of blue mass, followed this morning by a teaspoonful of citrate of magnesia, hourly, commencing at five, till free evacuation occurred. Breakfast of milk.

The room she occupied was on the third floor of the main building, south-east corner, called St. Nicholas. It never had been occupied, and everything was new and fresh. The room adjoining was for the operation. It was light and well ventilated, with a fire-place in the centre of side wall, in which was made a wood fire and the temperature raised to 80° F., moistened with steam. No pains was spared to have things in perfect order and readiness. The sponges were new, had been beaten to get out the sand, and cleansed in permanganate of potassium. Hot water was ready to cleanse them in, and to warm the hands and instruments. She took an ounce of brandy a few minutes before etherization, which was done in the St. Nicholas room. She was conveyed to the adjoining room, and laid upon the table, and at 11.45 A. M., after drawing the urine, Dr. Greene proceeded to operate in the presence of Drs. Tewksbury, Dana, Hunt, Holt, and Gibson, by making a vertical incision three inches long midway between the umbilicus and the symphysis pubis. As soon as the incision was carried down through the rectus muscle it was enlarged to about five inches. When the supposed true sac was met, a steel sound was introduced and adhesions broken up, then a portion of the sac caught up by forceps, and Spencer Wells's trocar and canula introduced. Ten quarts of fluid came away. A ligature was then passed around the opening made by the trocar, and the sac, with the remaining fluid, removed. This sac completely peeled out, and for a moment it was somewhat a surprise to find it had no pedicle, but it was soon ascertained that this was the inner, secreting sac, and that the outer, vascular one remained attached by a long pedicle to the right ovary, from which it sprung and which it involved. The sound had been introduced between the two sacs, and there were no adhesions between the outer sac and the peritoneum, except at the point of incision for a radius of three inches. Silver wire was stitched through the pedicle in such a manner as to entirely surround it, and the sac with what remained of the ovary was then removed. The ends of the wire were turned in such a manner as to produce no irritation, and the stump returned to the abdomen. The left ovary was found normal. Hot sponges were used to cleanse the abdominal cavity of serum and blood, there being but very little of either lost during the operation. The wound was closed by deep silver and superficial horse-hair sutures, a compress of cot-

ton with a wide abdominal bandage applied, the patient put to bed, a foot bottle of hot water applied, and morphine ordered hypodermically *pro re nata*. There was very little vomiting during the operation, which occupied forty-five minutes, and the pulse ranged between sixty and eighty per minute. The fluid and sacs weighed over thirty pounds. The fluid was clear, slightly albuminous, alkaline in reaction, and had a specific gravity of 1010.

Ten p. m. Has been little restless, and morphine (gr.  $\frac{1}{4}$ ) has been given. Catheter introduced, but no urine found.

April 20th. Fair rest during the night. Pulse 90, temperature 100° F. Eighteen ounces urine drawn. Eight p. m. Pulse 92, temperature 102°. Has taken but one fifth grain morphine to-day.

April 24th. There has been considerable pain in the bowels, with painful passage of flatus, though but little morphine has been used. Quite a free movement of the bowels has been obtained after an injection of warm soap and water, with salt and molasses added. Fair amount of urine has been drawn by catheter. Menstruation has commenced ten days earlier than it should. The pulse and temperature have not been above that recorded on the 20th inst. Tongue becoming coated, skin moist, milk diet continued.

April 28th. All the stitches were removed; union by first intention; very little suppuration along the edge of the wound. Adhesive straps put on, and compress and bandage reapplied. In addition to milk she is allowed chicken broth, dropped egg, and blanc-mange. Colic pains continue, and it is thought best to move the bowels. To take six grains of blue mass, followed in five hours by elixir of buckthorn, tablespoonful every two hours till a movement is obtained. Catheter has not been used for three days; there is some urethral irritation.

April 29th. The elixir was so objectionable to her stomach that it was given but twice, and an injection used, but no stool was obtained till to-day. Her rest was disturbed, and the physic has not worked kindly.

May 1st. The pulse has become accelerated, but temperature remains about the same, varying between normal and 102° F. Distention and tenderness in ileo-lumbar region. Morphine (gr.  $\frac{1}{4}$ ) three or four times daily to relieve pain.

May 7th. The bandage and adhesive straps removed. Little pus on edges of wound. Oakum applied, to be changed as often as necessary. There was an uneven swelling of the abdomen, the most prominent point being in the ilio-lumbar region, and Dr. Greene thinks the pain and inflammation had its seat here, namely, in the stump of the pedicle.

May 14th. Since the last note the pain has gradually subsided, and morphine has been left off accordingly. The tongue has cleared up; appetite improved; the distention of the abdomen has subsided, the bowels have voluntarily moved, and she is able to sit up.

June 10th. She has suffered but slight pains since last note; has had an excellent appetite; walks about with ease; has ridden out and has got along nicely with her second menstruation, which came on four days since. It would be about the usual length of time, provided her first one after the operation had not come ten days early.

E. E. HOLY, M. D.



## LETTER FROM ANN ARBOR.

MESSRS. EDITORS. — On page 615 of No. 21 of the JOURNAL is a letter from some correspondent who signs X. to his libelous article. A person who will not append his true name to an important article like this, containing, as it does, a charge that the medical faculty of the University of Michigan have betrayed the interests of their profession for salaries, and also a slanderous charge against the undersigned and other individuals, is hardly worthy of notice, and, were it not for the fact that you have by an editorial given respectability and prominence to his letter, I should not have written this. As I am an old resident of your State, and have many professional acquaintances and friends there, I hope you will publish at an early date this refutation of the falsehoods in your correspondent's letter.

In the first place I will say that I am prepared to show that the medical faculty have not sought to influence the action of the state society by any means other than a brief presentation of their position to the profession and a few arguments in its support; such arguments being confined by the vote of a packed society to five minutes for each speaker, all papers and communications from the profession touching this matter having, by the vote of this majority, been referred to a committee of nine, without reading and without debate.

2d. I will say that the members of the faculty present at that meeting *were* desirous of counsel from the society, but such counsel was refused, and when Dr. Pratt, chairman of the committee of nine, was asked in public debate if he would have advised the university medical faculty to resign when the homœopathic college was organized, he answered that he *would not*; and when a member of the faculty presented to him a set of resolutions asking the legislature and regents to eliminate sectarianism from the university, he would not entertain them, but brought in a resolution which virtually declared that regular medicine is what the homœopaths have always charged it with being — a sectarian system of medicine.

3d. I will say that my letter of resignation was not "couched in such terms that I was repeatedly called to order by members." I was not once called to order while reading it, and in proof that it was not indecent I will quote it here, that your readers may judge its import, and I will say that I am prepared to defend every expression it contains. The following is the letter: —

"To the Michigan State Medical Society: Since a resolution was adopted by this society on the 11th instant which, in my opinion, declares a purely commercial policy as its guide, and repudiates the ethical principle of the American code, which makes our profession a self-sacrificing, benevolent, and humane calling; and by another resolution the society has virtually declared regular medicine unworthy a position among the sciences, and also a principle which, fully carried out, would prevent the state from a proper care of the health and lives of its citizens, would abolish public medical care of the sick and insane, also all state and other boards of health, and carry our civilization in this respect back to the condition of the Dark Ages, I can no longer, consistently with my views of ethics, retain my connection with this society, and hereby tender my resignation of membership, and ask for its immediate acceptance or such other removal as it may please you to grant."

If you will recall the resolutions and consider them fully, you will see that my letter contains nothing but the truth. At any rate, I stand ready to support it by arguments, and not only that, but to show that those resolutions disregarded and violated several articles of the American code of ethics.

Now let me say that the university medical faculty have retained their positions in the university in accordance with the expressed wish of the Michigan State Medical Society.

In June, 1865, the following resolution was unanimously passed by the society:—

“*Resolved*, That until such time arrives that the board of regents shall change the curriculum of the medical department, we are of the opinion that the professors thereof should continue to hold their respective chairs. But should such a change be accomplished as would directly affect the curriculum, we believe that, in honor to themselves and the profession to which they belong, and whose sympathies they receive, they could not consistently remain, and their resignations should be respectfully submitted.”

This is the only resolution the society has ever passed.

In June, 1875, some resolutions were introduced condemning the action of the faculty in retaining their places, but after a brief discussion they were laid on the table by an unanimous vote. At this meeting were present Drs. Pratt, Hitchcock, and most of those who, at the last meeting, disgraced rational medicine in the eyes of a large portion of the profession of this State.

That their unjust attack upon the university medical school was the result of a conspiracy, in violation of the American code of ethics, the following circumstance, I think, will plainly show.

The Michigan State Medical Society stands committed, to this day, to the principle on which homœopathy was introduced into the university, and they furnished the data on which the regents organized the school of homœopathy.

In your editorial you say you are “surprised and shocked to find certain medical journals advocating state examining and licensing boards.” Now let me *shock* you a little more with the turpitude of the Michigan State Society. For three years it has stood committed to use its influence with the legislature to establish a state board of censors, consisting of six physicians, to be chosen from among regular, eclectic, and homœopathic physicians, who should meet on equal and fraternal relations, and together examine and recommend all who may pass a successful examination (whether homœopath, eclectic, or anything else) as qualified for the full duties of physicians. Let me quote from the report of a committee appointed by the society to secure this law. This report was made at the June meeting, 1875, was accepted and adopted, and, on motion of Dr. Pratt, another committee of five was appointed to *continue* the work.

From this report, published on page 319 of the Transactions of the Michigan State Medical Society for 1875, I extract the following facts:—

That on December 16, 1874, this committee invited homœopathic and eclectic practitioners to meet and “*counsel*” with them as to the best law on the subject to present to the legislature; that they *did* so meet and *counsel* with an irregular practitioner, and together draw up a bill for presentation to the leg-

islature; that, owing to opposition to this bill, a further council was called for February 5, 1875, to which council, the committee report, "*medical gentlemen of all schools were invited.*"

On February 18, 1875, this committee inserted their amendments into what was then known as the "Thomas Bill," recommending five censors. The committee report that the object they kept in view was to frame a bill "free from the *suspicion* of favoritism towards medical sects and individuals," and that should make an "equitable selection of the members of the board from the three state medical societies" (eclectic, homœopathic, and regular). At the close the committee recommended to the society a continued effort to secure the law, and this recommendation was adopted.

It is to be borne in mind that this bill required the regular physicians on the board to license and recommend to public confidence all homœopaths, eclectics, or others who passed a successful examination in the branches common to all the schools of practice.

On the committee urging the passage of this bill was Dr. Pratt, who, as chairman of the committee of nine, insulted the medical faculty for occupying a position he had helped to force upon them. At his back was the Detroit Medical College faculty and a large number of disappointed candidates for positions in the university faculty. How shall we characterize such conduct by a body of professional men?

In your editorial you speak of the emphatic rebuke the society administered to the faculty by electing Dr. Sager as president. He was a fitting leader of that clique. I am prepared to show, whenever required to do so, that Dr. Sager never advised any one to resign, or hinted that he should do so himself, until some time after the arrangement was made. As dean and oldest member of the faculty it was his duty to give *prompt* advice in this matter.

The scheme of separate schools was an after-thought of his, he at first not objecting to the present arrangement, and only after an unpleasant personal interview with the president of the university did he resign, and lead the Detroit faculty in their charge on the university.

Being familiar with his conduct in this matter, I am confident that he has been actuated by a feeling less noble than love for the honor and dignity of our profession. Out of respect to his age these damaging facts have been heretofore withheld.

G. E. FROTHINGHAM.

ANN ARBOR, MICHIGAN, May 31, 1876.

BOOKS AND PAMPHLETS RECEIVED. — Medical and Surgical History of the War of the Rebellion. Part II. Surgical Volume. From the Surgeon-General's Office, Washington. 1876.

Hoarseness and its Causes. A Lecture by Clinton Wagner, M. D. New York.

Syphilis of the Nose and Larynx. (The same.)

Atlas of Skin Diseases. Part I. By Dr. L. A. Duhring. Philadelphia: J. B. Lippincott & Co. 1876. (For sale by A. Williams & Co.)

Medical Schools and their Relations to the Profession. By Joel W. Smith, M. D. (Extracted from the Transactions of the Iowa State Medical Society.)